

**THE HIV ANTIBODY TEST**

I understand:

- HIV stands for Human Immunodeficiency Virus.
- HIV is the virus that causes Acquired Immune Deficiency Syndrome (AIDS).
- The presence of HIV antibodies in a person's blood/oral fluid means the person is infected with HIV.
- The serologic/oral/rapid fluid test for HIV may not 100% accurate, and may require further testing.
- I can ask questions if I need more information.
- My agreement to be tested for HIV antibodies is voluntary.

**RESULTS OF THE HIV ANTIBODY TEST**

I understand:

- I may have to appear in person to receive the results of my HIV antibody test unless I authorize releasing the results by telephone.
- Results of a rapid\* HIV test will be provided to me in approx. 20 minutes following the test.
- I will be offered counseling to make sure I understand the test results.
- I will receive information on how to prevent the spread of the virus.
- I will receive information on health care and support services, if needed.
- If I test positive, I will be asked to assist the Health Department to find individuals who may have exposed me to HIV or that I may have exposed to HIV.

**CONFIDENTIAL REPORTING**

I understand:

- Tennessee Law requires all HIV positive results to be reported confidentially to the Tennessee Department of Health.
- All patient information is classified as confidential and can not be shared outside health department settings without a signed "release of information form" by the original patient or upon receipt of a court order by a judge in a court of record.

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Please mark with an "X" in box and sign and date on line if you decline to be tested at this time.

\_\_\_\_\_  
Signature and Date

By my signature below, I certify that I have read or had read to me, each item on the above checklist and that I am requesting the health department to test me for HIV antibodies.

\_\_\_\_\_  
**PATIENT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

In clinics, where applicable, I wish to obtain the results of my HIV antibody test by telephone. I understand if my test is positive, or if my results indicate a need for additional testing, I agree to return to the Health Department or doctor's office. I also accept responsibility for insuring no one else has access to my code number and my security code.

\_\_\_\_\_  
**PATIENT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF COUNSELOR**

\_\_\_\_\_  
**SECURITY CODE**

\* A Preliminarily Positive Rapid HIV Test MUST be confirmed by either a serologic or oral fluid Western Blot.